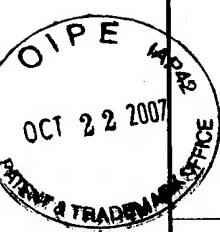


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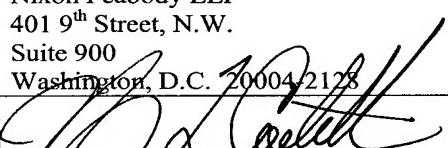
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">Application Number</td> <td>10/736,679</td> </tr> <tr> <td>Filing Date</td> <td>December 17, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Hideko INOUE et al.</td> </tr> <tr> <td>Group Art Unit</td> <td>1774</td> </tr> <tr> <td>Examiner Name</td> <td>Rose Marie Yamnitzky</td> </tr> <tr> <td>Total Number of Pages in This Submission</td> <td></td> </tr> <tr> <td>Attorney Docket Number</td> <td>740756-2689</td> </tr> </table>	Application Number	10/736,679	Filing Date	December 17, 2003	First Named Inventor	Hideko INOUE et al.	Group Art Unit	1774	Examiner Name	Rose Marie Yamnitzky	Total Number of Pages in This Submission		Attorney Docket Number	740756-2689
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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement w/ Form PTO-1449 citing 3 references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jeffrey L. Costellia – Reg. No. 35,483 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	October 22, 2007

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